

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Hondo Oil & Gas Company

Address
P. O. Box 2208; Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	Change in Operator name
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	Effective March 1, 1987
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner ARCO Oil and Gas Company - Division of Atlantic Richfield Company
P. O. Box 1610, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johns "B" DE	Well No. 2	Pool Name, including Formation Maljamar GB-SH	Kind of Lease State, Federal or Fee Federal	Lease No. LC 059152-
Location				
Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and 620 Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>17S</u> Range <u>32E</u> , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None WIW	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rgn. : Is gas actually connected? : When

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Reida Honeley
(Signature)
PROD SEC
(Title)
2/27/87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.